

LUCE FORWARDATTORNEYS AT LAW • FOUNDED 1873
LUCE, FORWARD, HAMILTON & SCRIPPS LLPFRANCO A. SERAFINI, ASSOCIATE
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San Diego, CA 92130
858.720.6300
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www.luce.com

April 27, 2007

Attn: Refund Department
Mail Stop 16
Director of the USPTO
P.O. Box 1450
Alexandria, VA 22313-1450
Facsimile: (571) 272 - 6500Re: Request for Refund to Deposit Account No. 50-2298
In the name of: Luce, Forward, Hamilton & Scripps LLP
Serial No. 10/015,274
METHODS AND APPARATUS FOR LOCALIZED ADMINISTRATION OF
INHIBITORY MOIETIES TO A PATIENT

Dear Sir or Madam:

Please accept this letter as a formal request for refund for fees paid in excess of that required for the following two (2) charges made to Deposit Account No. 50-2298.

Date:	December 7, 2006	December 7, 2006
Posting Ref. Text:	10015274	10015274
Fee Code:	1201	1201
Amount:	\$2,800.00	\$200.00

In the Amendment filed November 9, 2007, fifteen (15) dependent claims were added. The Examiner charged Deposit Account 50-2298 using the fee code 1201, independent claims in excess of three, instead of the fee code 1202, claims in excess of twenty. The appropriate charge for the fifteen (15) claims in excess of twenty is \$750.00, though Deposit Account 50-2298 was charged a total of \$3000.00.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	35	minus	20	15	x \$50	\$ 750.00
INDEPENDENT CLAIMS	2	minus	3	0	x \$200	\$ 0.00
MULTIPLE DEPENDANT CLAIMS	<input type="checkbox"/>				\$360	\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 750.00

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Refund Department

April 27, 2007

Page 2

We respectfully request that the excess charges of \$2250.00 be credited to Deposit Account No. 50-2298. In accordance with PTO regulations, this request is made within two (2) years of payment of the above-referenced charges and a copy of the Deposit Account Statement for December, 2006 is enclosed for your reference.

Please contact me should you have any questions or concerns.

Sincerely,



Franco A. Serafini

for

LUCE, FORWARD, HAMILTON & SCRIPPS LLP

FAS/as

3812449.1



**United States
Patent and
Trademark Office**



Deposit Account Statement

Requested Statement Month: December 2006
Deposit Account Number: 502298
Name: LUCE FORWARD & SCRIPPS, LLP
Attention: MITCHELL P BROOK
Address: 11988 EL CAMINO REAL
City: SAN DIEGO
State: CA
Zip: 92130
Country: UNITED STATES

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
12/05	113	10590224	33033-1083	8021	\$40.00	\$24,846.00
12/06	2	10590227	33033-1082	8021	\$40.00	\$24,806.00
→ 12/07	1	10015274	JM-10 CIP	1201	→ \$200.00	\$24,606.00
→ 12/07	2	10015274	JM-10 CIP	1201	→ \$2,800.00	\$21,806.00
12/07	1252	77058562	34875-3-T47	7001	\$325.00	\$21,481.00
12/08	1036	78503251	30293-31-T47	7003	\$200.00	\$21,281.00
12/08	681	11529936	32628-1020	8021	\$40.00	\$21,241.00
12/12	200	11336468	30293-1510	8007	\$120.00	\$21,121.00
12/14	1284	78772681	34060-2-T02	7001	\$325.00	\$20,796.00
12/21	557	2424505	31589-2-T01	7205	\$100.00	\$20,696.00
12/22	17	E-REPLENISHMENT		9203	-\$5,526.00	\$26,222.00
12/27	1	10845680	31876-1040	2202	\$150.00	\$26,072.00
12/27	718	7104884		8021	\$40.00	\$26,032.00
12/28	449	PCT/US06/49167	32189-1010	1601	\$300.00	\$25,732.00
12/28	453	PCT/US06/49167	32189-1010	8007	\$20.00	\$25,712.00
12/28	450	PCT/US06/49167	32189-1010	1603	\$300.00	\$25,412.00
12/28	451	PCT/US06/49167	32189-1010	1702	\$1,086.00	\$24,326.00
12/28	452	PCT/US06/49167	32189-1010	1703	\$516.00	\$23,810.00
12/29	29	10265197	31698-2140	1251	\$120.00	\$23,690.00
		START BALANCE	SUM OF CHARGES	SUM OF REPLENISH	END BALANCE	
		\$24,886.00	\$6,722.00	\$5,526.00	\$23,690.00	

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<https://ramps.uspto.gov/eram/Controller;jsessionid=0000lqghXJeYRfthiOtCDIUeJOT:11g...> 4/24/2007

PTO/SB/21 (04-07)

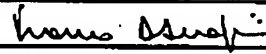
Approved for use through 09/30/2007. OMB 0651-0031

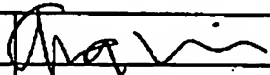
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/015,274	
	Filing Date	December 11, 2001	
	First Named Inventor	Randolf von Oepen	
	Art Unit	1614	
	Examiner Name	Alicia R. Hughes	
Total Number of Pages in This Submission		5	
		Attorney Docket Number	JM-10 CIP (31698-1130)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Luce, Forward, Hamilton & Scripps LLP		
Signature			
Printed name	Franco A. Serafini		
Date	April 27, 2007	Reg. No.	52,207

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Anna M. Skolnick
Date	April 27, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

LUCE, FORWARD, HAMILTON & SCRIPPS LLP

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DEL MAR GATEWAY, 11988 EL CAMINO REAL, SUITE 200 • DEL MAR, CALIFORNIA 92130-2594

TELEPHONE 858.720.6300 • FACSIMILE 858.720.6306

FACSIMILE DOCUMENT

DATE: April 27, 2007

TO: Refund Branch

FIRM: U.S. Patent and Trademark Office

CITY, STATE: Alexandria, Virginia

FAX TELEPHONE NO.: (571) 273 - 6500

CONFIRMING NO.: (571) 272-6500

FROM: Franco A. Serafini, Reg. No. 52, 207

DIRECT DIAL: 858.720.6368 DIRECT FAX: 858.523.4314

USER/CLIENT/MATTER: 80018 / 31698-1130

TRANSMITTING: 5 PAGES (including cover page)

ADDITIONAL COMMENTS OR INSTRUCTIONS: Request for Refund to Deposit Account No. 50-2298 for excess charges for Serial No. 10/015,274

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TIME/DATE TRANSMITTED BY OPERATOR: April 27, 2007 at

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80018 / 31698-1130

(USER/CLIENT/MATTER NUMBER)

(TO BE COMPLETED BY OPERATOR)

TIME: _____

DATE: April 27, 2007

OPERATOR: _____

FAX TELEPHONE NO.: (703) 308 - 5077

CONFIRMING NUMBER: (703) 305 - 4229

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PAGES TRANSMITTED: 5

Document code: WFEE

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05/10/2007 SFELEKE1 00000009 502298 10015274
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